Employer Guide to Short-Time Compensation Weekly Certification
NEworks.nebraska.gov
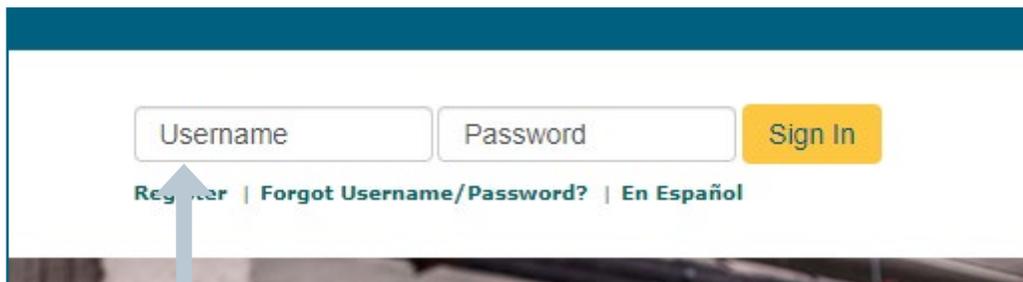
Log in to NEworks with your account Username and Password.

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DEPARTMENT OF LABOR

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Welcome to My Employer Workspace
This page introduces you to features available in the system, lets you customize the content you are interested in, and offers suggestions to you. Please make a selection from the items below.

My Employer Dashboard Directory of Services

Click **Directory of Services**

Select the **Unemployment Services** link to be directed to the Unemployment services menu

NEworks

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My Employer Dashboard Directory of Services

➕ Quick Menu

➖ Services for Employers

Labor Market Services
Access information about labor market trends, statistics, and economic and demographic data.

Unemployment Services
Information about how to manage claims against your company, employer charges, appeals and determinations.

➕ Other Services

Click on the **STC Program** link

NEworks **Please select from the Unemployment Services for Employers options listed below.**

Claimant Separation Form - The Statement of Potential Charges and Separation Request can be completed and submitted here.

Separation Notice Alleging Disqualification - This should be completed for all employment separations that are not Lack of Work.

Appeals - You can file an appeal of a determination you feel is incorrect, respond to a Notice of Appeal, request to have an appeal withdrawn or reopened, or view any appeal you have filed or to which you to are a party.

Mass Layoff - Select this option to check Mass Layoff.

Request Part Time Credits - Select this option in order to request a credit for charges for a claimant that was working for you part time.

Benefits Accuracy Measurement - Select this option if you have been randomly chosen to participate in a Benefits Accuracy Measurement audit.

View & Protest Employer Charges - Select this option to view & protest employer charges.

Protest Employer Charges - Select this option to protest employer charges.

SIDES E-Response - Select this option for SIDES E-Response

STC Program Select this option to create and administer a STC program.

Click the **Plan Number** hyperlink

⊞ 🗀 **Employer Profiles**　　　⊞ 🗀 **Unemployment Files**

| Employer Charges | Claimants | Determinations | Appeals | Mass Layoffs | Short-Time Compensation | Employer-Filed Claims | Wage Audit Notices |

Short-Time Compensation

Short-time compensation (STC) provides employers with an alternative to layoffs by allowing them to make work reductions to a larger group of workers.

Under STC, workers whose hours are reduced receive pro-rated unemployment insurance benefits for partial work. Workers usually receive no UI benefit for such partial layoffs in the absence of an STC program.

STC Plan Application

Plan Number	Employer	Entry Date	Effective Date	Planned End Date	Status
201900010	PROJECT HOPE INC	09/24/2019	09/16/2019	12/08/2019	Incomplete

Create STC Plan Application

Next, select **File STC Certification**

STC Detail

Plan Number	Plan Effective Date	Planned End Date	Plan Approval Date	Participants Identified	Participants Participating	Certification Week to File	Plan Status
201900010	09/16/2019	12/08/2019		1	0	09/21/2019	Incomplete

[STC Plan Application | Unit List | Employee List | Modify Plan]

[File STC Certification　Employer Termination Request]

Return to Previous Page

Click **File New** next to each participant and provide the information for all participants with "**Yes**" under **Filed Claim**.

STC Employer Plan Summary

Employer Name:

STC Employer Contact:
(402) 458-2500
500 S. 16th St
Lincoln, NE 68502

Plan Number: 201900010

Plan Status: Incomplete

Plan Effective Date: 9/16/2019

Plan Expiration Date: 12/8/2019

Employer File STC Certification Summary

Please provide the details for the participants listed below. Use the links in the *Action* column to add or update information on each participant for **week ending 9/21/2019**. After you have provided all the necessary information for each participant, click the *Process Participants* button to process this participant list.

Affected Unit	Name	Last 4 of SSN	Normal Hours	Planned Hours	Unit Reduction Percentage	Filed Claim	Hours Offered	Hours Worked	Approved Leave	Other Employment Hours	Certification Status	Action
Warehouse 1	Stcclaimone, RNC	1242	40.00	20.00	50.00%	Yes					Awaiting Employer	File New

Participants Pending to be Processed

There are **0** participant(s) pending to be processed. When you have completed updating each participant you would like, click the *Process Participants* button below.

💬 Live Chat

Process Participants

3

Complete the Eligibility Review questions.

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Complete / Review the eligibility review questions for the selected STC participant using the form below.

• Indicates required fields.

STC Employer Plan Summary

Employer Name:	**Plan Number:**	201900010
STC Employer Contact:	**Plan Status:**	Incomplete
	Plan Effective Date:	9/16/2019
	Plan Expiration Date:	12/8/2019

Eligibility Review Questions for Stcclaimone, RNC

During the week beginning Sunday, September 15, 2019 and ending Saturday, September 21, 2019:

* Was the employee still employed with you? ○ Yes ○ No

* Did you offer hours of work, including any leave? ○ Yes ○ No

* Was the employee available for all their usual hours of work? ○ Yes ○ No

Eligibility Review Hours for Stcclaimone, RNC

During the week beginning Sunday, September 15, 2019 and ending Saturday, September 21, 2019:

* How many hours did you offer the employee? ☐

* How many hours did the employee work? ☐

* How many hours was the employee on approved leave? ☐

Calculated percentage of work hours reduced: 100.00%

Information below is based on submitted plan:

Normal work hours: 40.00

Planned work hours: 20.00

Reduction percentage: 50.00%

Additional Employment for Stcclaimone, RNC

During the week beginning Sunday, September 15, 2019 and ending Saturday, September 21, 2019:

* Did the employee have additional employment with a company other than yours? ○ Yes ○ No

Save   Cancel

Return to Previous Page

If the employee has additional employment, fill in all fields marked with a red asterisk (*). **Days worked and Gross Amount Earned** under the "**Earned Money**" section are not required, however, the **number of hours worked** is necessary in calculating the correct payment amount.

Additional Employment for Stcclaimone, RNC

During the week beginning Sunday, September 15, 2019 and ending Saturday, September 21, 2019:

*Did the employee have additional employment with a company other than yours?   ◉ Yes   ○ No

Employer Information

*Employer: [   ]

Address: [   ]

*City: [   ]

*State: [None Selected ▾]

Zip code: [   ]

*Phone: [   ] - [   ] - [   ]

Earned Money

Please enter the details about the days you worked and the money (if any) you may have earned for this job dring the week ending Saturday, September 21, 2019:

Days Worked:
- ☐ Sunday, September 15, 2019
- ☐ Monday, September 16, 2019
- ☐ Tuesday, September 17, 2019
- ☐ Wednesday, September 18, 2019
- ☐ Thursday, September 19, 2019
- ☐ Friday, September 20, 2019
- ☐ Saturday, September 21, 2019

Gross Amount Earned: [   ]

Hours Worked for another Company: [   ]

Please remember that you must report *Gross Earnings* not Net Earnings when reporting earnings.

Save   Cancel

As you certify each participant the **"Participants Pending to be Processed"** box will update with the number of certifications that have been entered. You will select **"Process Participants"** once certification information is entered for all participants.

STC Employer Plan Summary

Employer Name:		**Plan Number:**	201900010
STC Employer Contact:		**Plan Status:**	Incomplete
		Plan Effective Date:	9/16/2019
		Plan Expiration Date:	12/8/2019

Employer File STC Certification Summary

Please provide the details for the participants listed below. Use the links in the *Action* column to add or update information on each participant for **week ending 9/21/2019**. After you have provided all the necessary information for each participant, click the *Process Participants* button to process this participant list.

Affected Unit	Name	Last 4 of SSN	Normal Hours	Planned Hours	Unit Reduction Percentage	Filed Claim	Hours Offered	Hours Worked	Approved Leave	Other Employment Hours	Certification Status	Action
Warehouse 1	Stcclaimone, RNC	1242	40.00	20.00	50.00%	Yes	20 50.00%	20 37.50%	0	5	Eligible	Review

Participants Pending to be Processed

There are **1** participant(s) pending to be processed. When you have completed updating each participant you would like, click the *Process Participants* button below.

[Process Participants]

12/23/2019